U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 7063

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing.				4. Nam	4. Name, file number, and address of labor organization.			
Name	Edward	1	lariner	Name	Iron Workers	AFL-CIO L	U 401	
	The control of the co	aguitine Suurui d'Arri	er en	Labo	Organization File Nu	mber 022-3	109	
P.O. Box, Bldg., Room No., if any			P.O.	P.O. Box, Building and Room Number, if any				
Street	11600 Norcom Road			Stree	Street 11600 Norcom Road			
City	Philadelphia		erkonnegagi, gizzi erkonnaki kiliyi — ennonnegazi ziziliyanki kiliyi erkonnegazi ziziliyanki kiliyi erkonnegazi	City	City Philadelphia			
State	Pennsylvania		ZIP Code + 4 191	54 State	Pennsylvania	. 25.27 \Provide to 1004, A5.77 \Provide to 1004, A5.7	ZIP Code + 4 19154	
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A. Held	d an interest in, engag	jed in trans	actions (including loa	ns) with, or derived i	forth in the instruction	nomic benefit	of present.	
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Name of Person Filing Edward Mariner		File Number U-	<u></u>					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.								
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.	**************************************					
Name Iron Workers Local Union 401 Trade Name, if any: Apprentice Training Fund P.O. Box, Bldg., Room No., if any	Attendance at Appr 6/4/04.	rentice Annual Aw	ards Banquet					
Street 11600 Norcom Road	11.b. Approximate dollar val	ue of such dealing.	\$103					
City Philadelphia	12.a. Nature of interest hel	d or income received.	TOTAL COLOR COLOR STATE OF THE					
State Pennsylvania ZIP Code + 4 19154	12.b. Amount.	ментик ментикан (17.100°)						
C. Received from any employer (other than an employer covered under	r parts A and B above)							
or from any labor relations consultant to an employer any payment of money								
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.							
Name	A side							
Trade Name, if any:			nemodelectricity					
P.O. Box, Bldg., Room No., if any	* * * * * * * * * * * * * * * * * * *							
Street	Medicardon v. A. St. D.							
City	De verificancier							
State		references as a supplied to the supplied and a supplied to the supplied and supplied to the suppl						
	14.b. Amount of payment.		00000 00000 00000 00000 00000 00000 0000					
13.b. Is the Business an Employer or Consultant ?								